

No copies are to be left at facility

HOMES FOR THE AGED
ONSITE FACILITY INSPECTION – EMPLOYEE RECORDS

Facility: _____ **Facility #:** _____ **Date of Inspection:** _____

R325.1944 (1)(a)-(i) Employee Records and R.325.1923 Employee's Health

Name, Address, Phone #, SS #, DOB	Date of Hire Position	TB Screening	Summary of Experience, Education, Training										Criminal History Check	
			Educ Lic	Exp	Ref	Rights	Disaster Plan	Alz	First Aid	Meds	Pers Care	Infect Disease	Ck	Agree- ment